

Rotary Club of Pottstown

Membership Request Form



Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Home Email: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Business Email: _____

Title: _____

Nature of Business: _____

If former Rotarian, list club(s) and dates:

If retired, list employer/profession and position at time of retirement:

Activities which would enhance consideration as a Rotarian:

Sponsoring member: _____

Email the above information completed to pottstownrotary@gmail.com – a confirming reply will be sent within 24hrs.

Any questions can be directed to Bill Wellen, Club President, at pottstownrotary@gmail.com